

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled DELIVERY SYSTEM FOR ORAL CARE COMPOSITIONS COMPRISING ORGANOSILOXANE RESINS USING A REMOVABLE BACKING STRIP the specification of which

(check ☐ is attached hereto.
one) ☒ was filed on 30 June 2000 as United States Application No. or
PCT International Application Serial No. PCT/US00/18188
and was amended on _____

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35 United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed	
<u>PCT/US99/15130</u>	<u>PCT</u>	<u>2 July 1999</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>PCT/US99/15131</u>	<u>PCT</u>	<u>2 July 1999</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>PCT/US00/15890</u>	<u>PCT</u>	<u>9 June 2000</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>PCT/US00/15891</u>	<u>PCT</u>	<u>9 June 2000</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Serial No.	Filing Date	Application Serial No.	Filing Date
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I hereby claim the benefit under Title 35 United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35 United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)

As named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Atty Name	Atty Reg Number	Associate Power of Attorney Attached
Stephen W. Miller	31,984	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Karen F. Clark	32,974	
Michael E. Hilton	33,509	
Ken K. Patel	33,988	
Tara M. Rosnell	35,994	

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David L. Suter 30,692
Kim William Zerby 32,323
T. David Reed 32,931
Timothy B. Guffey 41,048

SEND CORRESPONDENCE TO:

Attorney or Agent's Name: T. David Reed

The Procter & Gamble Company, Ivorydale Technical Center (513) 627-7025

Company Name

Phone No.

5299 Spring Grove Avenue, Cincinnati Ohio 45217 USA

Street

City

State

Zip Code

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first joint inventor Hai (NMN) Ye

Inventor's signature [Signature]

Date

Residence 1# Binhe Road, Guangzhou Economy and Technology District, Guangzhou 510730, China

Citizenship China

Post Office Address c/o Procter & Gamble Far East, Inc., 17 Koyo-cho Naka 1-chome,

Higashinada-ku, Kobe 658-0032 Japan

Full name of second joint inventor, if any Christopher David Buckley

Inventor's signature [Signature]

Date

Residence Apt. 346, White Swan Hotel, Guangzhou 510133, China,

Citizenship Britain

Post Office Address c/o Procter & Gamble Far East, Inc., 17 Koyo-cho Naka 1-chome,

Higashinada-ku, Kobe 658-0032 Japan

Full name of third joint inventor, if any Jiang (NMN) Yue

Inventor's signature [Signature]

Date

Residence 7585 Lakota springs Dr., West Chester, OH 45069, USA

Citizenship USA

Post Office Address c/o Procter & Gamble Far East, Inc., 17 Koyo-cho Naka 1-chome,

Higashinada-ku, Kobe 658-0032 Japan